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|  |  |                                       |                                       |              |                                 |  |               | Application or Docket Number |                        |         |                            |                        |  |  |
|--|--|---------------------------------------|---------------------------------------|--------------|---------------------------------|--|---------------|------------------------------|------------------------|---------|----------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001   |  |                                       |                                       |              |                                 |  |               |                              | 1009 CH                |         |                            |                        |  |  |
|  |  |                                       |                                       |              |                                 |  |               |                              |                        | U1      |                            |                        |  |  |
|  | •  | CLAIMS AS                             | FILED - (Column                       | •            |                                 | (Column 2)                                   |               | SMALL ENTITY TYPE            |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |  |  |
| TOTAL CLAIMS   |  |                                       | 43                                    |              |                                 |  | R/            | ATE                          | FEE                    |         | RATE                       | FEE                    |  |  |
| FOR  |  |                                       | NUMBER FILED                          |              | NUMBER EXTRA                    |  | BAS           | IC FEE                       | 370.00                 | OR      | BASIC FEE                  | 740.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                       | <b>∅</b> ) minus 20=                  |              | * 23                            |  | X             | X\$ 9=                       |                        | OR      | X\$18=                     | 414                    |  |  |
| INDEPENDENT CLAIMS   |  |                                       | f minus 3 =                           |              | * 2                             |  | ×             | 42=                          |                        | OR      | X84=                       | 168                    |  |  |
| MUI  | TIPLE DEPEN  | DENT CLAIM PI                         | RESENT                                |              |                                 |  | +1            | 140=                         |                        | OR      | +280=                      |                        |  |  |
| * If 1   | the difference   | in column 1 is                        | less than zero, enter "0" in column 2 |              |                                 | TC   | TOTAL         |                              | OR                     | TOTAL   | 1321-                      |                        |  |  |
|  | CI   | _AIMS AS A                            | MENDED - PART II                      |              |                                 |  |               |                              |                        |         | OTHER THAN                 |                        |  |  |
|  |  | (Column 1)                            | (Colun                                |              |                                 | (Column 3)                                   | Solumn 3) SMA |                              | ENTITY                 | OR      | SMALL                      |                        |  |  |
| AMENDMENT A  | a to   | CLAIMS REMAINING AFTER AMENDMENT      |                                       | NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                             | R             | ATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | *                                     | Minus                                 | **           |                                 | =  | ×             | \$ 9=                        |                        | OR      | X\$18=                     |                        |  |  |
|  | Independent  | *                                     | Minus                                 | ***          |                                 | =  | ×             | (42=                         |                        | OR      | X84=                       |                        |  |  |
|  | FIRST PRESE  | NTATION OF M                          | ULTIPLE DEF                           | PENDEN       | IT CLAIM                        |  | -             | 140=                         |                        | OR      | +280=                      |                        |  |  |
|  |  | •                                     |                                       |              |                                 |  |               | TOTAL                        |                        | OR      | TOTAL<br>ADDIT, FEE        |                        |  |  |
|  |  | (Column 1)                            |                                       | (Colu        | umn 2)                          | (Column 3)                                   |               | IT. FEE                      |                        | J       | ADDIT: I EE                |                        |  |  |
| AMENDMENT B  |  | CLAIMS                                |                                       | HIG          | HEST                            |  |               |                              | ADDI-                  | 1       |                            | ADDI-                  |  |  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT       |                                       | PREV         | MBER<br>/IOUSLY<br>D FOR        | PRESENT<br>EXTRA                             | R             | RATE                         | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |  |  |
|  | Total  | *                                     | Minus                                 | **           |                                 | =  | ] [×          | (\$ 9=                       |                        | OR      | X\$18=                     |                        |  |  |
|  | Independent  | *                                     | Minus                                 | ***          |                                 | <u>                                     </u> |               | (42=                         |                        | OR      | X84=                       |                        |  |  |
|  | FIRST PRESE  | NTATION OF M                          | ULTIPLE DEI                           | PENDEN       | NT CLAIM                        |  | ┛┞┰           | 140=                         |                        | OR      | +280=                      |                        |  |  |
|  |  |                                       |                                       |              |                                 |  | L             | TOTAL                        |                        | OR      | TOTAL                      |                        |  |  |
|  |  |                                       |                                       | <b>(0</b> -1 |                                 | (Calumn 0)                                   |               | OIT. FEE                     |                        |         | ADDIT. FEE                 | : I———————             |  |  |
| _  | And the same of th | (Column 1)<br>CLAIMS                  |                                       |              | umn 2)<br>GHEST                 | (Column 3)                                   | ጎ ፫—          | •                            | ADDI-                  | 1       |                            | ADDI-                  |  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT       |                                       | PRE\         | IMBER<br>VIOUSLY<br>ID FOR      | PRESENT<br>EXTRA                             | <u></u>       | RATE                         | TIONAL<br>FEE          |         | RATE                       | TIONAL                 |  |  |
|  | Total  | *                                     | Minus                                 | **           |                                 | =  | ┧┌╮           | <b>(\$ 9=</b>                |                        | OR      | X\$18=                     |                        |  |  |
| ME   | Independent  | *                                     | Minus                                 | ***          |                                 | =  | <u> </u>      | X42=                         |                        | OR      | X84=                       |                        |  |  |
| Z  | FIRST PRES   | ENTATION OF M                         | NULTIPLE DE                           | PENDE        | NT CLAIN                        | 1 <u> </u>                                   | ┛┡            |                              | <del> </del>           | ╣       |                            | 1                      |  |  |
| +140=  |  |                                       |                                       |              |                                 |  |               |                              |                        | OR      |                            | <b></b>                |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |                                       |                                       |              |                                 |  |               |                              |                        |         |                            |                        |  |  |
| **   | If the "Highest N"<br>The "Highest Nu  | umber Previously<br>mber Previously F | Paid For" IN Th<br>aid For" (Total    | or Indepe    | ndent) is the                   | ian 3, enter "3."<br>ne highest numl         | ber found     | in the a                     | ppropriate b           | ox in c | olumn 1.                   |                        |  |  |